## ORAL HEALTH SCREENING REFERRAL FORM

Location:	
Date:	



This form is to assist you in following-up with the children that had a dental need.

l l		Data Treatment
Child's Name	Dontal Nood	Date Treatment Was Completed
Ciliu's Ivaille	Dental Need	was completed
		-
		+
		<del> </del>
		<del> </del>
		-
		<del> </del>